# Trauma System Advisory Committee
## 3760 South Highland Drive Salt Lake City, UT 84106
## 5th Floor Board Room
## Meeting Minutes
## Monday, September 23, 2013

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| **Committee Members:** | Craig Cook MD, Mark Dalley; Deanna Wolfe RN, Nancy Chartier RN, Jason Larson MD, Holly Burke RN, Hilary Hewes MD., Karen Glauser RN and Mark Thompson |
| **Excused:** | Stephen Morris MD, Don Van Borman MD and Marc Sanderson |
| **Guests:** | Sue Day, Linda Edelman, Janet Cortez and Kris Hansen |
| **Staff:** | Shari Hunsaker, Mathew Christensen, Peter Taillac MD, Jolene Whitney, Bob Jex, Whitney Johnson Levano, and Suzanne Barton |
| **Presiding:** | Bob Jex and Craig Cook, MD |

| Agenda Topic | Discussion | Action |
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| | **Welcome** | |
| **Welcome** | Bob Jex welcomed the Committee to the meeting and acknowledged guests present and new members of the committee Karen Glauser and Mark Thompson. | |
| | **Action Items:** | |
| Purpose of Committee | Bob Jex reviewed the statutory guidelines. The committee shall be comprised of individuals knowledgeable in adult or pediatric trauma care. The committee shall advise the department regarding trauma system needs, assist in evaluating the quality and outcome of the trauma system, review proposals and rules. Make recommendations for the development of statewide triage, treatment, transportation and transfer guidelines. Under the direction of the Trauma System Advisory Committee, the department will establish rules to accomplish the statutory requirements. The guidelines also include the statewide trauma registry and quality assurance program and the trauma center designations and guidelines. This has morphed quite a bit the last 6 years. The department has changed the rule regarding trauma system designation a few times and the final change is waiting public comment. | |
| Status on Rules Revisions | We have done an extensive rules revision on the designation of rules and associated requirements. Rules have not been published yet, they have been consolidated and changed for simplification of the rules process by the governor's request and they went out for public comments. We have received a few back and the changes have been made. There were 2 EMS agencies in the state that felt like they didn't get represented well, so Dr. Patton extended the deadline 60 more days to make comments which will end October 11th and then the new rules will be presented at the next meeting. | |
| Introductions | On behalf of new committee members and visitor Kris Hansen, observer from Primary Children's Hospital, Bob asked the committee to introduce themselves as to their background and their constituency with the committee. | |
| Elections for Chair and Vice Chair | The Trauma System Advisory Committee voted Craig Cook as Chair and Jason Larson as Vice Chair | **Deanna Wolfe motioned to nominate Craig cook as Chair and Jason Larson as Vice Chair. Nancy Chartier seconded the motion. All present members voted in favor of the nomination. No one opposed; None abstained** |

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| Approval of Minutes | The June 24, 2013 Trauma System Advisory Committee meeting minutes were reviewed and approved by the Committee. | **Deanna Wolfe motioned to approve the June 24, 2013 meeting minutes. Nancy Chartier seconded the motion. All present members voted in favor of the motion. No one opposed; None abstained. Motion carried.** |
| | **Informational Items:** | |
| **Status on PI Process** | Shari Hunsaker passed out a summary of the satisfaction scores. She announced that they had successfully conducted three PI workshops targeting agencies in rural Utah. They visited Cedar City, Brigham City and Price on three subsequent Mondays in August. The workshops were very well received and there were a large number of comments made. We got the poorest marks on the facility in Price since it was a small room and that's where they had the highest level of attendants. They had 13 hospitals in attendance, 16 EMS agencies, 4 dispatch for a total of 48 individuals that participated. They have calendar dates for the urban workshops coming up on November 20th, December 3rd and December 12th. We are opening up these workshops to the entire state of Utah. The regional consultants will be assisting with the marketing of the workshops. Deanna Wolfe asked what was presented at the workshops. They addressed the two current initiatives for the State Trauma Performance Improvement Initiative, which are fluid recessitation for permissive hypertension in a trauma patient and the second initiative is capturing vitals, specifically blood pressure in pediatric patients. In addition to the two clinical presentations, we also did a hands-on skills lab to teach attendees different methods of capturing pediatric vitals, Tia talked about how to do presentations to a child to minimize struggles when you are trying to capture vitals. Shari advised us that she talked about the principles of performance improvement and presented a worksheet they can use to develop their own performance improvement plans. They plan on doing a follow-up with the people that attended the workshops with a survey, emails and additional handouts to see if they are utilizing the information that was presented to them. The EMS agencies that participated were given a read-out of their current performance of pediatric vital signs in comparison with the State overall. We also gave a read-out on blood pressure assessment after fluid administration before and after in trauma. These reports will be on Polaris. Josh is working on reports that will show them how they are doing with their fluid administration and vital signs. They will be teaching the agencies a modified "Do Check Act Plan" to show them the importance of researching the issue and writing the stories so they understand where they come from to understand the history. | |
| **Trauma Registry Status** | Shari advised us that currently we collect hospital procedures in adherence with the NTDS. Neither the state nor the NTDS collect the locations of where those procedures where performed. We have been engaged in a dialogue that was started by Ryan at Primary's because they are recording the location and because it is not a state element, the location is not being exported into the Trauma registry and we cannot do any reporting analysis on any trauma procedures versus OR procedures versus ICU versus floor procedures. We want the committee's opinion on what you want reported. Is there merit in | |

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| | standardizing the location and if so is the list prepared by Ryan adequate? Within the NTDS guidelines, there is room to not capture repeat CT's and when it only needs to be once, not every time it is changed. All hospitals are supposed to be reporting their trauma data per the NTDS but is it necessary for the location data to be available for the state to use. Do we want to standardize a list of procedures that should be done? Deanna requested that the request be taken to the Trauma user group and narrow it down to 2 – 3 things and get a report back from them on what information should be collected. Shari will provide a list of all the procedures that are being tracked currently for the December meeting and the committee will come up with the top 5 they want to have data reported on. | |
| **Protocol Update Project** | Dr. Peter Taillac advised that the State Protocol Guidelines are done and they are still available to be commented on. Because they are tied to the new rule they can't be posted on the website yet until the rules are approved, so hopefully in October. Peter will have Suzanne send out all the protocols in an email. | |
| **Emergency Dept. Peds Designation** | Whitney gave a quick review for the benefit of those who were not present at the last meeting or new as to what progress has been made. We have a series of indicators that HRSA rates us on and Utah has generally done very well with these indicators. The question that keeps coming up is what percentage of our hospitals are capable to handle pediatric medical emergencies? Year after year we have not been able to answer this question for them. We have Trauma designation but for the medical side, we don't have any official criteria for that. We have been looking at the existing data we have set up. We just finished the pediatric readiness survey and we had 100% response in our state and so we have a really good picture of what's going on so we can answer that question this year with the data we have. One of the questions on the survey was regarding training for nurses caring for pediatric patients and 44 out of 46 of our hospitals do require PALS training. For mid-level Practitioners, 20 out of 15 require PALS training and for Physicians 36 out of 46 hospitals require pediatric training, so we have about 80% participation. For pediatric equipment in hospitals, we have extensive data on that as well. Overall our state ranked very well with 30 out of 33 and above national average. Based on the data we have, we can give a percentage to HERSA this year. One of their goals in the next few years is to have at least 12 hospitals improve in at least one indicator for pediatric readiness on the survey. Every other year relicensed hospitals help resource hospitals with a 2 page survey with data and they are adding in 2 extra questions so they can have in depth information. | |
| **Free Standing EDs** | Bob Jex advised us that in the last few years there has been influx of Free Standing EDs. We are starting to see the effect of Free Standing emergency departments that are being opened and staffed. There are 3 in the state with the newest one opened in Roy that is associated with North Davis Hospital. We have questioned what role these free standing ED's have in our trauma system? Are they able to receive and treat trauma patients and if so on what level? Should they be bypassed in a trauma situation? These are discussions we want to have now with the Trauma Advisory Committee so we can adopt a rule affecting the designation of these Free Standing EDs in the Trauma System. There are no operating rooms in the Free Standing ED's. Deanna Wolfe voiced her concern that these Free Standing ED's, based on a previous situation with a motorcycle accident and | |

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| | the outcome, they should not be allowed to accept ambulance patients. Discussion was that these Free Standing EDs need to be leveled as 1, 2, 3, and 4 up to level 5. EMS needs to educated and know what a level 5 trauma is so the patient can be transported to a hospital. The EMS need to follow proper protocol with their transfers. The Free Standing EDs need to be designated as a level 5 Trauma Center and fulfill all the requirements for that designation. They should not be advertising that they are a Trauma Center if they have not been designated. Bob Jex recommended that the next step would be upon the direction of the TSAC on what they want done; we will develop policies and procedures to be sent out to EMS and these Free Standing EDs so they will understand their role in the Trauma system and what they are capable of doing. **There was a suggestion made that the discussion on Free Standing EDs be tabled until the next meeting so further data can be acquired. SST regional meetings will also be tabled until the next meeting.** This will ultimately help decrease morbidity and mortality. There was discussion on EMS training that included Field Triage Guidelines to be taught in the conferences coming up next year. More discussion will be made regarding SST regional meetings when this issue is resolved. | |
| **2014 Meeting Schedule** | March 24, 2014; June 23, 2014; September 22, 2014; December 15, 2014 (Mondays at 1pm). | |
| **End of Meeting** | Next Meeting: December 16, 2013 – We will have a Potluck Lunch | **Meeting Adjourned** |